BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam

Felix P. Camacho Governor of Guam

Michael W. Cruz, M.D. Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932 Tel: (671) 472-4201/3 Fax: (671) 477-1812



The Honorable Mark Forbes Speaker I Mina'Benti Nuebi na Liheslaturan Guahan 155 Hesler Street Hagatna, Guam 96910 Office of the Speaker AN 2 4 2008

MARK FORBES

Date: 1-28-00

Time: 2:30

Rec'd by: 1-20-00

RE: Submission of FY 2008 1st Quarter Funding/Expenditure Report

Dear Speaker Forbes:

Pursuant to Chapter VII, Section 2 – Reporting Requirements, of Public Law 29-19, we are hereby submitting our FY 2008 1st Quarter Funding/Expenditure Report.

Print Name:

Attached, please find the following reports:

- 1. FY 2008 Budget and Expenditure Report as of 12/31/07 (Local appropriation)
- 2. Current staffing patterns (Local and Federal Funds)
- 3. Financial Status Reports for the period covering 10/01/07 to 12/31/07, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Quarterly Financial Status report.

If you have any questions or comments regarding this matter or require additional information, please do not hesitate to contact our office at 472-4201/2/3 or by fax at 477-1812.

Sincerely,

ALBERTO A. LAMORENA V

Director

Enclosures

Cc: Director, Bureau of Budget and Management Research Public Auditor, Office of the Public Auditor

TIME: 2:33 A1

BY: OU

RECEIVED
OFFICE OF THE PUBLIC AUDITOR

FISCAL YEAR 2008 DEPARTMENTAL SUMMARY As of: December 31, 2007

Department: Division: Account No.: BUREAU OF STATISTICS AND PLANS SUMMARY

1,107,622.00	Ders					est.	200 SUD.MeC.	COO Edub	Se		ract		1,065,266.00			37	Budget Acts Appropriations P.L
h	T	Ī	7,400.00	0.00	-	0.00	0.00	0.00		15,000.00		0,00	┢		0.00	805,675.00 52	20
715,976.00	T	0.00	1,400.00	0,00	2,000.00	0.00	00.00	0.00	5,000.00	0.00	10,956.00	0.00	696,620.00	169,733.00	0.00	526,887.00	
391,646.00	23,000.00	0.00	6,000.00	0.00	2,000.00	0.00	0.00	0.00	0.00	15,000.00	0.00	0.00	368,646.00	89,858.00	0.00	278,788.00	Allottment (B-C)
295,992.91	19,900.00	0.00	6,000.00	0.00	2,000.00	0.00	0.00	0.00	0.00	11,900.00	0.00	0,00	276,092,91	61,609.77	0.00	214,483.14	Year to Date Exp./Encumb, As of:
39,685.41													39.685.41	8.888.61	0.00	30 796 80	Fay Period
39,685.41													39 685 41	8 888 61	00,7 00.00	08 907. UE	Pay Paylod
39,685.41												05,000,51	20 605 44			′₩	Avg PP
761,959.87												18,858,107	110,001,31	0.00	28, 562, 160	X column H	Porsonnal Projected PP remaining
22,456.00	0.00	1,400.00	0.00	2,000.00	0.00	0.00	0.00	5,000.00	3,100.00	10,956.00	0.00	0,00	0.00	0.00	0.00	***************************************	Requirements
0.00 27,213,22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,213.22	27,319.92	0.00	(196.70	Shortfall	Projected Lapse

BUDGET NOTES:

Department: BUREAU OF STATISTICS AND PLANS
Division: ADMINISTRATION
Account No.: 5100A080900GA001

L	TOTAL Opers	450 Cap. Out.	363 lele.	302 VV aler	OC POWER	2/1 Drug-test.	280 SUD.Hec.	250 Equip.	240 Solidones	240 Similar	ZOO CONHACT	CZO LIGVEI	SAC LE LELOAS	TO DO DO DO	113 Banafita	tio Car	Account Code			
381,763.00	42,356.00	0.00	7,400.00	0.00	4,000.00	0.00	0.00	0.00	5,000.00	15,000.00	10,956.00	0,00	339,407.00	81,993.00	0.00	257,414.00	P.L.	Budget Acts Appropriations		•
241,276.00	19,356.00	0.00	1,400.00	0.00	2,000.00	0.00	0,00	0.00	5,000.00	0.00	10,956.00	0.00	221,920.00	53,611.00	0.00	168,309.00	Recerve			C
140,487.00	23,000.00	0.00	6,000.00	0.00	2,000.00	0.00	0.00	0.00	0.00	15,000.00	0.00	0.00	117,487.00	28,382.00	0.00	89,105.00	(B-C)	FY 2008		0
111,517.53	19,900.00	0.00	6,000.00	0.00	2,000,00	0.00	0.00	0.00	0.00	11,900,00	0.00	0.00	91,617.53	19,671,19	00,00	71,946,34	Exputencumb,	Year to Date	_	771
12,565.17													12,565.17	2.698.77	0.00	9.866.40	Pay Period			n
12,565.17												1,000,00	12 565 17	2 808 77	000	9.866.40	Pay Pariod		G	
12,565.17												14,505,17	13 565 47	2 600 77	0,000	7 6 2	Requirement	AvgPP	I	
241,251.26												291,231,28	01,010,00		188 484 8	x column H	PP remaining	Pinleyin	_	
22,456.00	0.00	1,400.00	0.00	2,000.00	0.00	0.00	0.00	5,000.00	3,100.00	10,956,00	0.00		0.00	0.00			Requirements			
6,538.21	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	6,538.21	10,505.43	0.00	(3,967.22)	Shortall	Projected Labor	(G+D-E-1-J)	× -	

Department: Division: Account No.: BUREAU OF STATISTICS AND PLNAS PLANNING INFORMATION PROGRAM 5100A080910SE004

1,413.05	00.0									
2000		175 652 35	9.148.56	9,148.56	9,148.56	03,708.60	00,040,00	100,000,000		ľ
0.20	0.00					20 200 20	00 3%c cg	157 420 00	240.774.00	TOTALS
0.00	0.00					0.00	0.00	0.00	0.00	IOIAL Opers
0.00	0.00					0,00	0.00	0.00	0.00	#30 Cap. Out.
0.00	0.00					0.00	0.00	0.00	0,00	Jos Tele
0.00	0.00					0.00	0.00	0.00	0.00	362 Water
0.00	0.00					0.00	0.00	0.00	0.00	30: Fower
0.00	0.00					0.00	0.00	0.00	0.00	2/1 Drug-test.
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0.00	0.00						0.00	0.00	0.00	240 Supplies
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0.00	0.00					0.00	0,00	0.00	0,00	230 Contract
1,413.05	0.00	173,852,45	3,140,30	Service for		0.00	00,00	0.00	0.00	220 Iravel
2,312.69	0.00	39,982	2,001.30	9 148 56	9,148.56	63,708.60	83,345.00	157,429.00	240,774.00	TOTAL PerSvs
0.00	0.00	0.08	0.00	30.00	200	14.238.20	19,562.00	36,951.00	56,513.00	113 Benefits
(899.64)	0.00	130,690,24	7,007.20	02.700,7	1	0.00	0.00	0.00	0.00	1120
Shortfall		X COLUMN H	7 007 00	7 067 20	7 067 20	49.470.40	63,783.00	120,478.00	184,261.00	111 Salary
Projected Lapse	Requirements	PP remaining	Requirement	Pay Pariod	Pay Period	ExprEncumb,	Alformants (B-C)	Plosorve	Appropriations P.L.	Account Code
(C+0-m4))		Personnel				Year to Date	FY 2008		Budget Acts	
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Department:
Division:
Account No.: BUREAU OF STATISTICS AND PLANS SOCIO-ECONOMIC PLANNING PROGRAM 5100A080920SE005

0.00 0.00 0.00 0.00 0.00 0.00 86,589.00 45,842.00 34,699.84 4,957.12 4,957.12 4,957.12 95,176.70
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Exp./Encumb. Psy Period Pay Period Requirement PP remaining
F G H

Department: Division: Account No.: BUREAU OF STATISTICS AND PLANS CHIEF ECONOMIST OFFICE 5100A080904GA001

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0.00	0.00					0.00	0.00	0.00	0.00	TOTAL OPERS
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0.00	0.00					0,00	0.00	0.00	0,00	DES TOP
0.00	0.00					0.00	0.00	0.00	0,00	Jews Lower
0,00	0.00					0,00	0,00	0.00	0,00	261 Drug-test.
0.00	0.00					0.00	0,00	0.00	0,00	280 Sub Rec
0.00	0,00					0.00	0,00	0.00	0.00	250 Equip.
0.00	0.00					0.00	0,00	0.00	0.00	240 Supplies
0.00	0.00					00.00	0.00	0.00	0.00	233 Hent
0.00	0.00					0.00	0.00	0.00	0.00	230 Contract
0.00	0.00		0.00	0,00	300	0.00	0,00	0.00	0.00	220 Travel
0.00	0,00		0.00	0.00	0.00	0.00	00.0	0.00	0.00	TOTAL PerSys
0,00	0.00	098	0.00	0.00	000	0.00	0.00	0.00	0.00	113 Benefits
0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	112 OT
		x column	1.012	MOON	00.0	0.00	0.00	0.00	0,00	111 Salary
Projected Lange	Requirements	Projected Projected PP remaining	Avg PP Requirement	Pay Partod	Play Period	Year to Date Exp./Encumb	Allotments (B - C)	Figure 1	Appropriations P.L	Account Code
 x 			1	٥	,					
		***************************************	F.1	9	Tį	m	0	C	8	,

BUREAU OF STATISTICS AND PLANS
BUSINESS AND ECONOMIC STATISTICS PROGRAM
5100A080932E1001

Department:
Division:
Account No.:

	TOTAL Opers	430 Cap. Out.	363 Tele.	SOZ WAIGE	361 Power	271 Drug-test	280 Sub, Rec.	250 Equip.	240 Supplies	233 Hent	230 Contract	220 I ravel	101AL PerSys	113 Benefits	1120	111 Salary	Account Code			•
352,554.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	352,654.00	91,690.00	0.00	260,964,00	PL PL	Budget Acts Appropriations		O
230,682.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	230,682.00	59,951.00	0.00	170,731.00	Reserve			c
121,972.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	121,972.00	31,739.00	0.00	90,233.00	(B-C)	FY 2008		D
86,066.94	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	86,066.94	20.742.94	0.00	65,324.00	Exp./Encumb.	Year to Date		m
13,014.56													13,014.56	3 114 56	0.00	9,900,00	Pay Period			n
13,014.56												10,017.00	13.014.56	3 114 56	0,000	9 000 00	ă.			9
13,014.56												13,014,30	12014.50	0.00	9,900.00	0 000 00	Requirement	Avg PP	-	
249,879.55												99 B/8/B/	59,789,55	0.00	190,080,00	x column H	PP remaining	Projected	-	***************************************
0.00	9.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		Requirements			
16,707.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,707.51	11,147.51	00.00	5,560.00	Shortfall	Projected Lapse/	(C+D-E-1-J))	*	

BUREAU OF STATISTICS AND PLANS FY 2008 BUDGET AND EXPENDITURE REPORT As of: January 1, 2008

	5100A080904GA001-230 5100A080904GA001-240 5100A080904GA001-363	Chief Economist's Office	5100A080900GA001-363	5100A080900GA001-271	5100A080900GA001-250	5100A080900GA001-240	5100A080900GA001-230	Administration 5100A080900GA001-220	OPERATIONS	5100A080932E1001-113	Business & Economic Statistics Program 5100A080932E1001-1111 Salaries	5100A080904GA001-113	Chief Economist's Office 5100A080904GA001-111	5100A080920SE005-113	Socio-Economic Planning Program 5100A080920SE005-111 Salarie	5100A080910SE004-113	Planning Information Program 5100A080910SE004-111	5100A080900GA001-111 5100A080900GA001-111	Account Number PERSONNEL SERVICES
	Contractual Supplies Telephone		Telephone	Drug-Test	Equipment	Supplies	Contractual	Travel			Istics Progra	Benefits	Salaries	Benefits	Program Salaries	Benefits	Salaries	Salaries Benefits	Object Class
TOTAL:	230 240 363	Sub-total:	363 1	271	250	240 240	230	220		Sub-tate: 113		113	=	113	-	113		= =	Object Code
\$0.00 \$1,107,622.00	\$0.00 \$0.00	\$42,356.00	\$4,000.00 \$7,400.00	\$0.00	\$0.00	\$15,000.00 \$5,000.00	\$10,956.00	\$0.00	#1,000,E00.00	\$91,690.00	*360 064 00	\$0.00	\$0.00	\$29,395,00	\$103,036,00	\$56,513.00	\$184,261.00	\$257,414.00 \$81,993.00	Appropriation
\$0.00 \$391,646.00	\$0.00 \$0.00	\$23,000.00	\$2,000.00 \$6,000.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00	9300,040,00	\$31,739.00	3	\$0.00	\$0.00	\$10,175.00	\$35 667 00	\$19,562.00	\$63,783.00	\$89,105.00 \$28,382.00	Y-T-D Allotment
\$0.00 \$295,992.91	\$0.00 \$0.00 \$0.00	\$19,900.00	\$2,000.00 \$6,000.00	\$0.00	\$0.08 00.08	\$11,900.00	\$0.00	\$0 00	32/6,092.91	\$65,324.00		\$0.00	5	\$6,957.44	\$27 7A2 A0	\$14,238.20	\$49,470,40	\$71,946.34 \$19,671,19	Y-T-D Exp./Enc.
\$0.00 \$95,653.09	\$0.00 60.00	\$3,100.00	\$0.00 00.00	\$0.00	\$ 8 8 8	\$3,100.00	\$0.00	5	\$92,553.09	\$24,909.00 \$10,996.06		\$0.00	6	\$3,217.56	7700	\$5,323.80	\$14.312.60	\$17,158.66 \$8.7†0.81	Funds Available:
\$0.00 \$0.00 \$43,665.41	\$0.00 \$0.00	\$3,980.00	\$400.00 \$1.200.00	\$0.00	\$0.00	\$2,380.00	\$0.00	Š	\$39,685.41	\$9,900.00 \$3,114.56	·	\$ 50.00 00.00 00.00	Š	\$3,963.20 \$993.92		\$2.081.36	06.230.23	\$9,866.40	*-Per payperiod Expenditure
\$0.00 \$0.00 \$765,059.87	\$0.00	\$3,100.00	\$0.00	# 6 0 0	\$0.00	\$3,100.00	\$6.00 000	3	\$761,959.87	\$190,080.00 \$59,799.55	4 0.00	\$ 60.00 8 60.00 8 60.00		\$76,093.44 \$19.083.26	,	\$39,090.24	74 00 00 00 00 00 00 00 00 00 00 00 00 00	\$189,434.88	Total proj. Req. for rem. of FY 2008
\$0.00 \$0.00 \$49,669.22	\$0.00 \$0.00	\$22,456.00	\$2,000.00	\$0.00	\$5,000.00	\$3,100.00	\$0.00	:	\$27,213.22	\$5,560.00 \$11,147.51	\$0.00	00.08	\$3,304.30	(\$799.84)	60.71 Clyth	(\$899.64)	\$ U,505,43	(\$3,967.22)	**-Anticipated Lapses/Shortfall
\$0.00 \$0.00 \$715,976.00	\$0.00	\$1,400.00 \$19,356.00	\$2,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00		\$696,620.00	\$170,731.00 \$59,951.00	\$0.00	\$0.00	\$19,220.00	\$67,369.00	\$36,951.00	\$120,478.00	\$53,611.00	\$168,309.00	Unaltoted <u>Balance:</u>

rear end Projection	Proj. Requirement	Avail. Balance:	Total Expenses	9/2//2007	9/13/200/	8/30/2007	8/16/2007	8/2/2007	7/19/2007	7/5/2007	6/21/2007	6/7/2007	5/24/2007	5/10/2007	4/26/2007	4/12/2007	3/29/2007	3/15/2007	3/1/2007	2/16/2007	2/2/2007	1/19/2007	1/5/2007		12/22/2007	12/8/2007		11/24/2007		11/10/2007	10/27/2007	J080600004	10/13/2007	Appropriation		
(\$3,967.22)	\$189,434.88	\$185,467.66	<u>\$0.00</u> \$71.946.34	\$0,00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,866.40	\$0.00	\$9,293.21	\$9,441.13	\$0.00	\$9,866,40	\$0.00	\$11,806,40	\$11,806,40	\$0.00	\$9,866.40	SALARIES \$257,414,00		Admin
\$10,505.43	\$51,816.38	\$62.321.81	\$0.00 \$19.671 19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	* 6.00 - 0.00	\$0.00 	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,698.77	\$15.52	\$2,536.98	\$2.590.24	915.50	\$2,683.25	\$31.04	\$3.185.03	\$3,216,07	\$0.00	\$2,698.77	S81 993 00		Administration
\$0.00	\$0.00	\$0.00	\$ 80.00																			7 	·										00.00	SALARIES		Chief Economist's Office
\$0.00	\$0.00	90.00	80.00																*******														00.00	BENEFITS		nist's Office
(\$899.64)	\$135,690.24	\$49,470.40	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00 0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,007.20	00.0¢	\$/,U6/.20	\$7,007.20	\$1,818.92	\$6,084.00	\$0.00	\$6,231.48	\$7,067.20	\$0.00	\$7,067.20	\$184,261.00	SALARIES		Planning
\$2,312.69	\$39,962,11	\$14,238.20	\$0.00	\$0.00	\$0.00 	\$0.00 	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,081.36	\$0.00	\$2,081.36	\$2,081.36	\$198.85	\$1,764.47	\$0.00	\$1,868.08	\$2,081.36	\$0.00	\$2,081.36	\$56,513.00	BENEFITS		Planning Information
(\$799.84)	\$75,293.60 \$76,093,44	\$27,742.40	\$0.00	\$0.00	* 6.50 20.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,963.20	\$0.00	\$3,963.20	\$3,963.20	\$0.00	\$3,963.20	\$0.00	\$3,963.20	\$3,963.20	\$0.00	\$3,963.20	\$103,036.00	SALARIES	OOGO-ECOHO	Pacia Figure
\$3,354.30	\$22,437.56	\$6,957.44	\$0.00	\$0.00 0.00	80.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$993.92	\$0.00	\$993.92	\$993.92	\$0.00	\$993.92	\$0.00	\$993.92	\$993.92	\$0.00	\$993.92	\$29,395.00	BENEFITS	COCIO-ECONOMIC Planning	
\$5,560.00	\$195,640.00	\$65,324.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,900.00	\$0.00	\$9,900.00	\$9,900.00	\$0.00	00 000 88	\$0.00	\$7,928,00	\$7,928.00	\$1,940,00	\$7 928 00	\$260.964.00	SALARIES	Bus. Econo	i
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FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: ADMINISTRATION
FUND: SUMMARY
RASE: 1094 GENERAL FIND

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AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM

FUND: SUMMARY
Rado: 100% GENERAL FUND

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FUNCTIONAL AREA: EXECUTIVE DIRECTION AGENCY: BUREAU OF STATISTICS AND PLANS

FUND: SUMMARY

PROGRAM: PLANNING INFORMATION PROGRAM

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Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: January 1, 2008

[BBMR SP-1]

AGENCY: BUREAU OF STATISTICS AND PLANS

FUND: SUMMARY
Ratio: 100% Federally Funded under Constal Zone Management Administration Great PROGRAM: LAND USE GIS PLANNING PROGRAM

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Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: January 1, 2008

[BBMR SP-1]

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM
FUND: SUMMARY
RABO: 1094 GENERAL FUND

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FUNCTIONAL AREA: EXECUTIVE DIRECTION AGENCY: BUREAU OF STATISTICS AND PLANS

FUND: SUMMARY
RIGO: 100% FEDERALLY FUND

PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM

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Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: January 1, 2008

[BBMR SP-1]

FUND: SUMMARY
Ratio: 100% Federally Funded PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (190% FEDERALLY FUNDED) AGENCY: BUREAU OF STATISTICS AND PLANS

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FUND: SUMMARY
Ratio: 199% Federally Funded

PROGRAM: INTERJURISDICTIONAL FISHERHES ACT GRANT PROGRAM (100% FEDERALLY FUNDED) AGENCY: BUREAU OF STATISTICS AND PLANS

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AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)

FUND: SUMMARY
Ratio: 100% Federally Funded

[BBMR SP.1]

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AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)

FUND: SUMMARY
Ratio: 100% Federally Funded

[BBMR SP.1]

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Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: January 1, 2008

[BBMR SP-1]

FUND: SUMMARY
Ratio: 189% Federally Funded under Countal Zone Management Administration Grant PROGRAM: CORAL REEF INITIATIVE AGENCY: BUREAU OF STATISTICS AND PLANS

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U.S. DEPT. OF IN	ITERIOR/ (Off. o	f Insular Affairs	1 8	Y FEDERAL A	CRI-GU-0	5		9300	5113-02
6 EMPLOYER IDENTIFICATION NUMBER			CCOUNT NUMBER	8.		**************************************	RED BY THIS REQUI	EST		
98-0018947			G NUMBER 1050930EI113	FRC	M (month, day	10/01/07	,	TO (mo	nth, day, yee 12/3	
9. RECIPIENT ORGANIZATION			100000021110	10.	PAYEE (Wh		ent if different than item	9)	,	
Name: BUREAU OF S	TATISTICS	AND	D PLANS	Na	me: TRE	ASURER OF	GUAM			
Number and Street: P.O. BOX 29	950			Nu and	mber d Street: P.	O. BOX 884				
City, State and ZIP Code: HAGATN	IA, GUAM 9	9693;	2	Cit) and	y, State I ZIP Code:	HAGATNA,	GUAM 96932			
11.	COMPUTA	TION	OF AMOUNT OF RE	EIM	BURSEM	ENTS/ADVAN	CES REQUESTED)		
PROGRAMS/FUNCTIONS	ACTIVITIES		(a)		(b)		(c)			
Transcription of the control of the	AOTATHEO									TOTAL
a. Total program outlays to date	(As of date 12/31/200	e) 7.7	\$ 327,786.0	80	\$		s		\$	327,786.08
	······································		0.0					***************************************	ļ	0.00
b. Less: Cumulative program c. Net program outlays (Line			327,786.0			0.00		0.00		327,786.08
d. Estimated net cash outlay period	s for advance		327,760.C 0.C			0.00		0.00		0.00
e. Total (Sum of lines c & d)		·····	327,786.0)8		0.00		0.00		327,786.08
f. Non-Federal share of amo	unt on line e		0.0	00						0.00
g. Federal share of amount of	n line e		327,786.0	8(327,786.08
h. Federal payments previou	siv requested		314,521.4	17				***************************************		314,521.47
i. Federal share now request minus line h)			13,264.6	_		0.00	{	0.00		13,264.61
Advances required by month, when requested	1st month									0.00
by Federal grantor agency for use in making	2nd month	,								0.00
prescheduled advances	3rd month									0.00
12.	AU IIIANI		ALTERNATE COMP	UT.	ATION FO	R ADVANCES	S ONLY		<u> </u>	
a. Estimated Federal cash or	utlays that will i	be ma	de during period covered	by ti	he advance				\$	
b. Less: Estimated balance	of Federal casi	h on h	and as of beginning of ad	vano	ce period					
c. Amount requested (Line a	minus line b)								\$	0.00
AUTHORIZED FOR LOCAL	. REPRODUC	TION	(Con	tinu	ed on Reve	rse)	STANDARD FORM 2 Prescribed by Of			2 and A-110
42										·
13.		SIGNA	TURE OR AUTHORIZED CERT		RTIFICAT PROFFICIAL	ION		DATE R	EQUEST	
i certify that to the i knowledge and belief the			$\cap 10$					SUBMIT		
reverse are correct and the were made in accordant	at all outlays		NTCL					<u> </u>	ary 21,	2008
grant conditions or othe and that payment is due	r agreement	1	OOR PRINTED NAME AND TITE BERTO A. LAMORE		A V. Direc	ctor			ONE (AREA JUMBER,	
been previously requested		F	reau of Statistics and		-			ļ.	472-420	1
7.		•								

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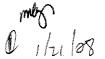
				OM	8 APPROVAL				PAGE	******	OF :
REQUE	ST FOR	۹DV	ANCE	-		0348-00			 		PAGES
	EIMBURS			1,		2. "X" one or both bo		REIMBURSE-	2. BASI	S OF RE	QUEST
				1	PE OF	☐ ADVANCE		MENT		CAS	Э Н
(See	instructions of	n bacı	ki	ŧ	YMENT QUESTED	b. "X" the applicable FINAL		ARTIAL]] ACC	RUAL
3. FEDERAL SPONSORING AGEN WHICH THIS REPORT IS SUBM		ATION	AL ELEMENT TO			NT OR OTHER LIMBER ASSIGNED					MENT REQUEST
U.S. DEPT. OF IN	ITERIOR/ (Off. o	of Insular Affairs	8	Y FEDERAL A	GENCY CRI-GU-0	5			930	005113-02
6. EMPLOYER IDENTIFICATION	3		ACCOUNT NUMBER	8.			RED	BY THIS REQUE	******		
NUMBER 98-0018947			NG NUMBER H050930El113	FRO	DM (month, da)	(, yeer) 10/01/07	,		TO (mo	nth, day, ;	_{year)} 2/31/07
9. RECIPIENT ORGANIZATION				10.	PAYEE (Wh	ere check is to be s	ent if	different than item	9)		
Name: BUREAU OF S	TATISTICS	ANI	D PLANS	Na	me: TRE	ASURER OF	GU	AM			
Number and Street: P.O. BOX 2	950			Nu and	mber d Street: P.	O. BOX 884					
City, State and ZIP Code: HAGATN	IA, GUAM 9	9693	2	Cit and	y, State d ZIP Code:	HAGATNA,	GUA	VM 96932			
11.	COMPUTA	TION	OF AMOUNT OF R	EIM	BURSEM	ENTS/ADVAN	CES	REQUESTED)		
PROGRAMS/FUNCTIONS	ACTUATION		(e)		(b)		(0)				
THOUSAND ONCHORD	AOTRINES										TOTAL
a. Total program	(As of date 12/31/20(e)	\$ 327,786.0	าค	s		\$			\$	327,786.08
***************************************		31	0.0			······································	<u> </u>		*******	<u> </u>	0.00
b. Less: Cumulative program c. Net program outlays (Line						0.00	_		0.00		327,786.08
d. Estimated net cash outlay	s for advance		327,786.0 0.0			0.00	-		0.00		0.00
period			327,786.0			0.00	-				
e. Total (Sum of lines c & d)			327,760.0 0.0			0.00	-	·	0.00		327,786.08 0.00
f. Non-Federal share of amo							-	·			
g. Federal share of amount of	on line e		327,786.0		<u> </u>		 -				327,786.08
h. Federal payments previou i. Federal share now request			314,521.4	17			<u> </u>				314,521.47
minus line h)	eu (cire y		13,264.6	31		0.00		(0.00		13,264.61
Advances required by month, when requested	1st month										0.00
by Federal grantor agency for use in making	2nd month	1									0.00
prescheduled advances	3rd month								*************************************		0.00
12.	····		ALTERNATE COMP	UT	ATION FO	OR ADVANCES	4O S	iLY		·	
a. Estimated Federal cash o	utlays that will i	be ma	de during period covered	by t	he advance	·····		······································		\$	
b. Less: Estimated balance	of Federal casi	n on h	and as of beginning of ad	van	ce period					<u> </u>	
c. Amount requested (Line a								·		\$	0.00
AUTHORIZED FOR LOCAL	. REPRODUC	TION	(Cor	nonu	ied on Reve	rse)		STANDARD FORM 21 Prescribed by ON			-102 and A-110
13.				· F F	RTIFICAT	TION .					· · · · · · · · · · · · · · · · · · ·
		SIGN	ATURE OR AUTHORIZED CERT		·····	13VIX		······································		EQUEST	
I certify that to the i knowledge and belief the			A 10						SUBMIT	TED	
reverse are correct and its			MILL				_		Janu	ary 2	1, 2008
grant conditions or othe	r agreement	3	DOR PRINTED NAME AND TITE BERTO A. LAMORE		A V. Dired	ctor			CODE, 1	IONE (AR	
and that payment is due been previously requested			reau of Statistics an						671-	iion; 472-4	201
Thir cross for second the		1						***************************************	L		

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(Short Form)

(Follow instructions on the back)

	gency and Organizational Eleme	int	Federal Grant or By Federal Agence	Other Identifying Number	r Assigned	0	MB Approval	Page of
	•		by Federal Agent	uy .			No. 1121-0264	1/1
	TMENT OF INTERIOR		CRI	- GU - 5				
OFFICE OF	INSULAR AFFAIRS / NOAA		2005 (Coral Reef Initiative		Expi	res: 01/31/2006	pages
3. Recipient (Organization (Name and comple	te addres	L			1		<u>L </u>
P.O.	REAU OF STATISTICS AND PL BOX 2950 GATNA, GUAM 96932	.ANS				QUARTERLY	REPORT	
4. Employer l	dentification Number 98-0018947	5. Recip	ient Account Number 5101H050930EI11:	or Identifying Number 3	6. Final F	•	7. Basis []Cash [X]	Accrual
_	rant Period (See Instructions) onth, Day, Year) 11/01/04	To: (Mo	nth, Day, Year) 07/31/08	9. Period Covered b From: (Month, Da 10/1/2007		To: (Month, D	ay, Year) 1/2007	
10. Transact				I Previously Reported	1	II This 'eriod	lii Cumulativ	/e
a. Total o				314,521		13,265		327,786
b. Recipie	ent share of outlays			0		0		0
	I share of outlays			314,521		13,265		327,786
	nliquidated obligations							154,986
e. Recipie	ent share of unliquidated obligati	ons						0
	I share of unliquidated obligation	18						154,986
	ederal share(Sum of lines c and f)			_				482,772
	ederal funds authorized for this							483,196
i. Unoblig	ated balance of Federal funds		h minus line g)					424
11. Indirect Expense		" in appro [] Predel	<i>priate box)</i> termined	[] Final		[X] Fixed		
	b. Rate	c. Base		d. Total Amount		e. Federal Sha	are	
12. Remarks: legislation.	Attach any explanations deeme	ed necess	ary or information re	equired by Federal spor	nsoring ager	acy in compliand	ce with governing	
13. Certification	on: I certify to the best of my unliquidated obligations	knowled are for t	ge and belief that the purpose set for	his report is correct a th in the award docur	ind complet nents.	e and that all o	outlays and	
ALBE	ted Name and Title ERTO A. LAMORENA V, DIRE au of Statistics and Plans	CTOR		•••	Telephone		nber and extension) 71- 472 -4201	
Signature of A	Authorized Centifying Official					rt Submitted 2 4 2008		W

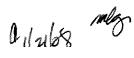


(Short Form)

											<u>-</u>	
Federal Agency Element to which	and Organizational ch Report is Submitted	ed 2	2. Grant or Award	Number /	Assigned by C)JP		ON No.	MB Appro	oval	Page	of
U.S Dept. of . Office of Just	Justice stice Programs ((2007-Cf	D-BX-006	<i>i</i> 61				21-0264		ţ	1
					<u>, </u>			Exp	pires: 01/	/3/2006		pages
•			including ZIP cod	de)								
4. Veпdor Number	5. Recipie	int internal code	or Identifying Nun	mber (if ar	ny)	6. Fina	al Réport		1	7. Basis		
980017947	5101	1E080933PA10	01			Ĺ	Υ,	es x N	ło		Cash x	Accrual
	eriod (See Instructio						ed by this F					
From: (Month, Da 10/01/200		To: (Month, D. 09/3	Day, Year) 30/2008		From:		n, Day, Yea na /2007	ar)	To:	(Month, Day	•	
FV/ 0 1/m 0 -	<u>'</u>	00/0	U/2006		 	10/0	01/2007	Ţ	<u> </u>	12/31:	1/2007	
10. Transactions:				-	Previous	I sly Report	ited	This	II Period		III Cumulati	ive
a. Total outlays							\$0.00			\$0.00	}	\$0.00
b. Recipient Share	e of outlays					\$0.00 \$0.00						\$0.00
c. Federal share o	of outlays					***************************************	\$0.00	\$0.00				\$0.00
d. Total unliquidati	ted obligations							\$86				\$86,940.00
	e of unliquidated obliq	~		,								\$0.00
	of unliquidated obligat			<u></u> '								\$86,940.00
	share (Sum of Lines c unds authorized for th		<u> </u>								1	\$86,940.00
				, , , , , , , , , , , , , , , , , , ,							ş	\$96,594.00
	lance of Federal fund: a. Type of Rate (plac	<u> </u>	· · · · · · · · · · · · · · · · · · ·			na katalah			A STATE OF THE STA	<u></u>		\$9,654.00
11. Indirect a Expense	i. Type or rain (pino	Provis		Pro	edetermined	d	Fi	inal	Popular	Fixed]	
b	b. Rate		c. Base	÷2.00		d. Total	l Amount			e. Fede	eral Share	
		0.00%		\$0.00	L			\$0.00			\$0.00	0
12. Remarks: attach	ι any explanations αε	emed necessar	y or information re	aquired by	y Federal spon			compliance	with gove	erning legis	lation.	
					ENOCH IPAN	HUUMA	#					
Block/Formula pas Federal Funds Sul		\$0.00 \$0.00			C. Forfeit E. Expended	d			D. Other		\$0.0 \$0.0	
13. Certification I ce are t	ertify to the best of my for the purposes set	y knowledge and forth in the awar	1 belief that this re rd documents.	aport is co	rrect and com	plete and	d that all c	outlays and (ınliquida	ited obligati	ons:	
Typed or Printed Name and Title Mr. ALBERTO A LAMORENA Other Director								exte	ephone (A Insion)		number and	-
	Mr. ALBERTO A LAMORENA Other Director							Date		Submitted		

DOJ Standard Form 269a (REV 2002)

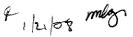
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(Short Form)

(Follow instructions on the back)

‡	Agency and Organizational Eleme	1	Other Identifying Number	r Assigned		MB Approval	Page of				
10 WHICH	Report is Submitted		By Federal Agen	су		11	No. 21-0264	4 / 2			
	partment of Justice		2007	7-CD-BX-0061		1	21-0204	1/1			
Office	of Justice Programs							pages			
3. Recipient	Organization (Name and comple	ete addres	2007 Is including ZIP con	Paul Coverdell Forensic Im	p. Grant		·				
	, , , , , , , , , , , , , , , , , , ,		,	,							
1	REAU OF STATISTICS AND PI D. BOX 2950	.ANS			QUARTE	RLY REPORT					
1	GATNA, GUAM 96932										
4 Employer	Identification Number	Is Basia	iont Annual Minutes		Ta =		T				
Triployer	98-0017947	J. nedip	5101E080933PA1	r or Identifying Number 01	6. Final F		7. Basis [] Cash [)	[] Accrual			
	Grant Period (See Instructions)			9. Period Covered b	rt						
From: (M	onth, Day, Year)	To: (Mo	nth, Day, Year)								
	10/01/06		09/30/08	10/1/2007		12/3	11/07				
10. Transac	tions:			1		1	įįį				
				Previously Reported	I	This Period	Cumula	itive			
a. Total o	outlays			·	1						
b. Recipi	lent share of outlays			0		0		0			
c Feder	al share of outlays			0		0		0			
	•			0		0		0			
d. Totali	unliquidated obligations							86,940			
e. Recipi	ent share of unliquidated obligat	ons									
f. Federa	al share of unliquidated obligation	ns						0			
g. Total F	Federal share (Sum of lines c and f)							86,940			
h. Total F	Federal funds authorized for this	funding pe	eriod					86,940			
	gated balance of Federal funds							91,015			
i. Oloon			h minus line g)					4,075			
11. Indirect	I	(" <i>in appro</i> [priate box) termined	[] Final		[X] Fixed					
Expense						[A] i sAcu					
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are				
12. Remarks:	Attach any explanations deem	ed necess	arv or information re	equired by Federal spor	soring ager	ov in complian	ca with governing				
legislation).		,	y , cacia, oper	.somig ager	icy in compliant	ze with governing				
								TO SHEET WAS ASSESSED.			
13. Certificati	ion: I certify to the best of my	knowled	ge and belief that t	this report is correct a	nd comple	o and that all	autlaua and				
	unliquidated obligations	are for t	he purpose set for	th in the award docum	nents.	io and that an i	outlays and				
	nted Name and Title				Telephone	(Area code, nui	mber and extension)				
	ERTO A. LAMORENA V, ACTING Pau of Statistics and Plans	IG DIREC	TOR		•		71- 472 -4201				
Signature of	Authorized Certifying Official				Date Deco	rt Submitted					
	() A()						^^				
					JA	N 2 4 20	US SU	MM-PY/(Pictor)			



(Short Form)

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Federal Agency and Element to which Re	Organizational eport is Submitted	Grant or Award Number	r Assigned by (JJP	OMB Appr No.	oval	Page	of	
U.S Dept. of Jus	stice	2007-RT-BX-00	056		1121-026	64	1	1	
Office of Justice	e Programs (OJP)				Expires: 0			pages	
Recipient Organization Guam Bureau of Sta P. O. Box 2950 Hagatna, GU 96932	tatistics and Plans	ddress, including ZIP code)							
4. Vendor Number	5. Recipient interna	al code or Identifying Number (if a	any)	6. Final Report		7. Basis	s		
980017947				Y	es x No		Cash x	Accrual	
8. Funding/Grant Period	•		•	d Covered by this		4-1-A	Tonforment		
From: (Month, Day, Y 10/01/2006	/ear) To: (Mo	onth, Day, Year)	From	: (Month, Day, Ye	ear) To:	(Month, Da			
10/01/2000		09/30/2010		10/01/2007		12/31	/2007	·····	
10. Transactions:			Previous	í sly Reported	II This Period		lil Cumulati	ve	
a. Total outlays				\$0.00		\$0.00		\$0.00	
b. Recipient Share of				\$0.00		\$0.00		\$0.00	
c. Federal share of ou				\$0.00		\$0.00	\$0.00		
d. Total unliquidated o	bligations								
	unliquidated obligations							\$0.00	
f. Federal share of unl								\$0.00	
	e (Sum of Lines c and f)							\$0.00	
	authorized for this funding						4	38,567.00	
	e of Federal funds (Line h n						\$	38,567.00	
11. Indirect a. Ty Expense	ype of Rate (place *x" in ap		redetermine	d Fi	inal	Fixed			
b. Ra		c. Base		d. Total Amount		e. Fede	ral Share		
	0.00%	\$0.00		····	\$0.00		\$0.00)	
12. Hemarks: attach any	r explanations deemed ned	cessary or information required b	by Federal spor		compliance with gov	erning legis	slation.		
A. Block/Formula passthi	*		C. Forfeit		\$0.00 D. Othe	er	\$0.0	0	
B. Federal Funds Subgra			E. Expende			kpended	\$0.0		
13. Certification I certify are for the	y to the best of my knowled the purposes set forth in the	dge and belief that this report is c ne award documents.	orrect and com	plete and that all o	outlays and unliquid	ated obligati	ons		
Typed or Printed Name ar					Telephone (extension)	Area code,	number and		
Mr. Alberto A Lamon				(671) 472-42	201	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Signature of Authorized	entifying Official				Date Report 01/20/2008	Submitted			

DOJ Standard Form 269a (REV 2002)

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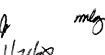




(Short Form)

(Follow instructions on the back)

ŧ	gency and Organizational Elemi Report is Submitted	2. Federal Grant or By Federal Ager	Other Identifying Number	r Assigned		OMB Approval		
U.S. De	epartment of Justice of Justice Programs			7-RT-BX-0056 RSAT		Expir	1121-0264 es: 01/31/2006	1/1 pages
3. Recipient	Organization (Name and comple	ete addres						
P.C	REAU OF STATISTICS AND PI). BOX 2950 GATNA, GUAM 96932	LANS			QUARTE	RLY REPORT		
4. Employer	Identification Number 98-0017947	5. Recip	ient Account Numbe	r or Identifying Number	6. Final F	Report [X]NO	7. Basis	
8. Funding/0 From: (M	Grant Period (See Instructions) onth, Day, Year) 10/1/2006	To: (Mo	onth, Day, Year) 9/30/2010	9. Period Covered b From: (Month, Day 10/01/2007	ay, Year) To: (Mont		Day, Year) /31/2007	
	Transactions: a. Total outlays			I II Previously This Reported Period		This	ill Cumulativ	/e
a. Total o	outlays		0		0			
b. Recipi	ent share of outlays							
c. Federa	al share of outlays			0		0		
d. Total u	ınliquidated obligations				<u> </u>	U		0
e. Recipi	ent share of unliquidated obligat	ions		_				0
f. Federa	al share of unliquidated obligation	ns		Marie Control				0
g. Total F	ederal share(Sum of lines c and f)			·				0
h. Total F	ederal funds authorized for this	funding pe	eriod	-				0
i. Unobli	gated balance of Federal funds	(Line	h minus line g)	_				38,567
11. Indirect Expense	1	(" in appro [] Predet	priate box) termined	[] Final		[X] Fixed		38,567
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	
12. Remarks: legislation	Attach any explanations deeme	ed necess	ary or information re	I equired by Federal spor	nsoring ager	ncy in complian	ce with governing	
13. Certificati	on: I certify to the best of my unliquidated obligations	knowled are for t	ge and belief that the purpose set for	this report is correct a th in the award docum	nd completents.	te and that all	outlays and	
	nted Name and Title				Telephone	(Area code, nu	mber and extension)	
ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans			And an angel special control of the		1- 6	71- 472 -4201		
Signature of	Authorized Certifying Official		·~			rt Submitted AN 24 2	AUU BUUK	
			<u></u>			· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		



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Federal Agency an Element to which F	nd Organizational Report is Submitted	2. Grant or Awar	d Number	Assigned by C	JP	OME No.	3 Approv	val	Page	of
U.S Dept. of Ju Office of Justic	ustice ice Programs (OJP)	2007-0	P-CX-00	28		ı	1-0264		1	1
Recipient Organizat	ation (Name and complete ac Statistics and Plans	dress, including ZIP co	ode)		Martin Martin Martin Martin Martin Martin	Ехрі	res: 01/3	3/2006		pages
4. Vendor Number	5. Recipient interna	l code or Identifying Nu	ımber (if ar	ıy)	6. Final Report			7. Basis	-	
980017947	5101H07092	0SE102			Y	es x N	o		Cash x	Accrual
8. Funding/Grant Perio From: (Month, Day, 09/01/2007	(, Year) To: (Mo	onth, Day, Year) 08/31/2010		*	Covered by this (Month, Day, Ye 10/01/2007		To: (I	Month, Day 12/31/	•	
10. Transactions:				Previous	I ly Reported	This F	l Period		III Cumulativ	/e
a. Total outlays					\$0.00			\$0.00		\$0.00
b. Recipient Share o				\$0.00 \$0.00						\$0.00
c. Federal share of c	•				\$0.00	\$0.00				\$0.00
d. Total unliquidated							\$50,			
	of unliquidated obligations unliquidated obligations				•					\$0.00
	are (Sum of Lines c and f)						**************************************			550,318.00
	ds authorized for this funding	g period		i Mary due ogener	inales denegações (karan Managaja	in take g	Satury Alice		350,318.00 355,909.00
i. Unobligated balance	nce of Federal funds (Line h r	minus Line g)	*****							\$5,591.00
11. Indirect a. Expense	Type of Rate (place "x" in as	pproppriate box) Provisional	Pro	edeterminec	l Fi	inal		Fixed		
b. 1	Rate	c. Base	** 00		d. Total Amount			e. Feder		· · · · · · · · · · · · · · · · · · ·
3	0.00%		\$0.00	1	0.7400	\$0.00			\$0.00	}
	any explanations deemed ne		required b	PROGRAM	INCOME:				ation.	
A. Block/Formula passt B. Federal Funds Subg	•			C. Forfeit E. Expende			. Other . Unexp		\$0.0 \$0.0	
13. Certification I certi are for	tify to the best of my knowled or the purposes set forth in th	lge and belief that this le award documents.	report is co	orrect and com	plete and that all	outlays and u	nliquidat	ed obligatio	ons	
Typed or Printed Name Mr. Alberto A Lamo	e and Title norena V Director	2				exten		rea code, n	umber and	
Signature of Authorized Cartifying Official						Date I 01/20,	-	Submitted		

DOJ Standard Form 269a (REV 2002)

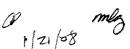
Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs. US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.



(Short Form)

(Follow instructions on the back)

1. Federal A	gency and Organizational Eleme	2. Federal Grant or	Other Identifying Number	er Assigned	F 0	MB Approval	Page of			
to Which	Report is Submitted		By Federal Agen		•		No.	1		
						11	21-0264	1/1		
1	partment of Justice		2007	'-GP-CX-0028		thresholder the				
Office	of Justice Programs					***		pages		
3. Recipient	Organization (Name and comple	ete addres		Project Safe Neighborhood	is					
			o, notating En Total	~ ;						
B.	REAU OF STATISTICS AND PI	.ANS			QUARTE	RLY REPORT				
i). BOX 2950									
na.	GATNA, GUAM 96932									
4. Employer	Identification Number	5. Recip	pient Account Number	or Identifying Number	6. Final F	Report .	7. Basis			
	98-0017947		5101H070920SE10)2	1	[] YES [X] NO [] Cash [X] Accrual				
2 2 2		<u> </u>		•						
	Grant Period (See Instructions) onth, Day, Year)	I To: (Man	onth Day Voor	9. Period Covered t						
(1011)	09/01/07	I O. (IVIC	onth, Day, Year) 08/30/10	From: (Month, Da 10/1/2007	у, теаг)	To: (Month, E	ay, Year) 3 1/2007			
			00,00,10	10/1/2001		12/3	1/200/			
10. Transac	tions:	1				<u> </u>	Ш			
ļ				Previously		This	Cumula	ative		
a. Total o	outlave			Reported	F F	eriod ·				
a. rotar	Jallays		0		0		0			
b. Recipi	ent share of outlays					***************************************				
				0		0		0		
c. Federa	al share of outlays			0		^				
d. Total L	unliquidated obligations			<u> </u>		0		0		
								50,318		
e. Recipi	ent share of unliquidated obligat	ions								
f. Federa	al share of unliquidated obligation	ns		-				0		
								50,318		
g. Total F	ederal share (Sum of lines c and f)									
h Total F	ederal funds authorized for this	funding n	ario d	4				50,318		
11. 10(2(1)	ederal funds authorized for this	runang pe	3110 0					55,909		
i. Unobli	gated balance of Federal funds	(Line	h minus line g)	1				30,303		
								5,591		
11. Indirect	1	(" <i>in appro</i> [] Prede	priate box)	5 1 Fig 1				:		
Expense	[] F IOVISIONAI	(} riede	termined	[] Final		[X] Fixed				
·	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are			
12. Bemarks	Attach any explanations deem	ed neces	ary or information re	guired by Foderal and	2001107.000	ia				
legislation		JG //00000	ary or unormation re	quired by rederal spor	isoning agei	су ит сотриат	ce with governing			
13. Certificati	ion: I certify to the best of my	knowled	ge and belief that t	his report is correct a	and comple	e and that all	outlays and			
	unliquidated obligation:	s are for t	he purpose set for	th in the award docur	nents.		-	AN AN AN AN AN AN AN AN AN AN AN AN AN A		
Typed or Prir	nted Name and Title				Telenhone	/Area code no	mber and extension)			
	ERTO A. LAMORENA V, DIRE	CTOR			rolophone	(Alea code, na	inder and extension)			
Bureau of Statistics and Plans						1-6	71- 472 -4201			
Signature of Authorized Certifying Official					Date Boss	rt Submitted				
A Samuel Committee of the Committee of t					Tate nepo	n Sudmikled Lima :				
	WATCH		-	W.	JA	N 2 4 200	7.0	N. Observation		
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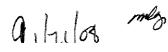
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(Short Form)

	Report is Submitted Stice CP Programs (OJP) Ition (Name and complete add Statistics and Plans 32-2950	Grant or Award Number A 2007-DJ-BX-006 dress, including ZIP code) code or Identifying Number (if an	63	J.JP 6. Final Report	OMB App No. 1121-02 Expires: (Page 1	of 1 pages
980017947	5101H070920		1		es × No	1	Cash X	Accrual
8. Funding/Grant Period From: (Month, Day, 10/01/2006	d (See Instructions) Year) To: (Mor	nth, Day, Year) 09/30/2010	•	Covered by this i (Month, Day, Ye 10/01/2007	Report	: (Month, Da	i mu uyening	Acciuai
10. Transactions:			Previous	I ly Reported	II This Period	d	ill Cumulativ	/e
a. Total outlays]	\$0.00		\$0.00		\$0.00
b. Recipient Share of	i outlays			\$0.00		\$0.00		\$0.00
c. Federal share of o	utlays			\$0.00		\$0.00	\$0.00	
d. Total unliquidated	obligations						\$606,764.00	
e. Recipient share of	f unliquidated obligations			·				\$0.00
f. Federal share of un	nliquidated obligations		ĺ				\$6	06,764.00
	re (Sum of Lines c and f)						\$6	06,764.00
h. Total Federal funds	is authorized for this funding	period		de Albánia :		THE STATE OF THE S	\$1,1	32,013.00
i. Unobligated balance	e of Federal funds (Line h m	inus Line g)					\$5	25,249.00
11. Indirect a. T Expense	Type of Rate (place "x" in app	· · · ·	edetermined	fi Fi	nal	Fixed	1	
b. R		c. Base	I	d. Total Amount		e. Fede	eral Share	
	0.00%	\$0.00	<u>l</u>		\$0.00		\$0.00	i
12. Remarks: attach an	ly explanations deemed nec	cessary or information required by	y Federal spor		compliance with g	overning legi:	slation.	
A. Block/Formula passtr B. Federal Funds Subgr	•		C. Forfeit E. Expende		60.00 D. Ott 60.00 F. Un	her expended	\$0.00 \$0.00	
13. Certification I certify are for	fy to the best of my knowledg the purposes set forth in the	ge and belief that this report is co e award documents.	rrect and com	plete and that all o	outlays and unliqui	idated obligat	tions	
Typed or Printed Name a Mr. Alberto A Lamo				Telephone extension) (671) 472-	ŧ	number and		
Signature of Authorized				Date Repo 01/20/2008	ort Submitted			

DOJ Standard Form 269a (REV 2002)

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(Short Form)

(Follow instructions on the back)

	gency and Organizational Elemi Report is Submitted	2. Federal Grant or By Federal Agend	nt or Other Identifying Number Assigned			MB Approval	Page of	
	i roport io Odominico		by redetal Agent	.y		1121	No. -0264	1/1
	partment of Justice		2007	-DJ-BX-0063		1		
Office o	of Justice Programs							pages
3 Pariniant	Organization (Name and comple	oto addrac		Syrne Justice Assistance G	Grant			
o. recipient	Organization (Name and Comple	ete auures	s, including zir cou	e)				
P.0	REAU OF STATISTICS AND PI D. BOX 2950 GATNA, GUAM 96932	LANS			QUARTE	RLY REPORT		
4. Employer	Identification Number	5. Recip	ient Account Number	or Identifying Number	6. Final F	?eport	7. Basis	
	98-0017947	1		920E[108	1	[X] NO	[]Cash [X] Accrual
	Grant Period (See Instructions)	ł		9. Period Covered b			h	-
From: (Me	onth, Day, Year) 1 0/1/2006	To: (Mo	onth, Day, Year) 9/30/2010	From: (Month, Da 10/1/2007	y, Year)		o: (Month, Day, Year) 12/31/2007	
10. Transac	tions:	***************************************		#		<u> </u>	111	
				Previously Reported	ŧ	This Period	Cumul	lative
a. Total o	outlays			rieported		enou		**************************************
b. Recipi	ent share of outlays			0		0		0
c Federa	al share of outlays			0		0		0
	· ·			0		0		0
d. lotalu	unliquidated obligations							606,764
e. Recipio	ent share of unliquidated obligat	ions						0
f. Federa	al share of unliquidated obligatio	ns		•				
g. Total F	ederal share (Sum of lines c and f)							606,764
h. Total F	ederal funds authorized for this	funding pe	poine					606,764
i. Unobliç	gated balance of Federal funds	(Line	h minus line g)					1,132,013
·····	a. Type of Rate (Place ")	/# in name	anista kan		-			525,249
11. Indirect Expense		[] Predet	ppriate box) termined	[] Final		[X] Fixed		
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	
12. Remarks:	Attach any explanations deem	ed necess	ary or information re	quired by Federal spor	nsorina arrer	ncy in complian	ce with governing	
legislation				,			ie mai governing	
13. Certificati	ion: I certify to the best of my unliquidated obligation	knowled	ge and belief that to	his report is correct a	and comple	te and that all	outlays and	
Toward - 1994			hh ant (0) (are arrang access				
	nted Name and Title ERTO A. LAMORENA V, DIRE	CTOP			Telephone	(Area code, nui	mber and extension)	
Bureau of Statistics and Plans						1~ 6	71- 472 -4201	
Signature of Authorized Certifying Official					Date Repo	rt Submitted		
Cath La				AND AND AND AND AND AND AND AND AND AND		2 4 2008		P 88400000
	- , -		<u> </u>	· · · · · · · · · · · · · · · · · · ·				



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(Short Form)

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Federal Agence Element to wh	by and Organich Report is	nizational s Submitted	2. Grar	nt or Award Number	Assigned by C)JP		OM No.	B Appre	oval	Page	of
U.S Dept. o Office of Ju	of Justice Justice Pro	grams (OJP)		2006-GP-CX-00)59			1	21-026	4 /3/2006		1 pages
	nnization (Na u of Statistics ox 2950	ame and complete ac	ddress, includ	ting ZIP code)			***************************************	I	ilfes, o i	/3/2040		haden
4. Vendor Numbe	er I	5. Recipient interna	ıl code or lder	ntifying Number (if a	ny)	6. Fina	i Report		·····	7. Basis		
980017947	L	5101H07092	:0SE101				Υ	es × N	io		Cash x	Accrual
8. Funding/Grant F From: (Month, 10/01/2	Day, Year)		onth, Day, Ye		9. Period From:	(Month			To:	(Month, Da 12/3	ay, Year) 1/2007	
10. Transactions:					Previous	l ly Report	ted		II Period		ill Cumulai	ive
a. Total outlays							\$0.00			\$158.00		\$158.00
=======================================	Recipient Share of outlays						\$0.00			\$0.00		\$0.00
c. Federal share	Federal share of outlays						\$0.00			\$158.00	\$158.0	
d. Total unliquid	lated obligat	ions								e va e Veren		\$68,643.00
e. Recipient sha	are of unliqui	idated obligations										\$0.00
f. Federal share	of unliquida	ited obligations										\$68,643.00
		n of Lines c and f)										\$68,801.00
		orized for this funding			Magnetal desi		gjişiye i					\$73,334.00
		ederal funds (Line h					1.7.31					\$4,533.00
11. Indirect Expense	a. Type or	Rate (place "x" in ap	pproppriate b Provisional	,	edeterminec	i	Fi	nal		Fixed		
	b. Rate		c. B			d. Total	Amount			e. Fed	eral Share	
l		0.00%		\$0.00				\$0.00	***************************************		\$0.0	0
A. Block/Formula p	oassthrough	anations deemed ne		formation required b	PROGRAM C. Forfeit		.		vith gov		slation. \$0.	റര
B. Federal Funds Subgranted \$0.00					E. Expended	d				pended	\$0.	
 Certification I certify to the best of my knowledge and belief that this report is are for the purposes set forth in the award documents. 					orrect and com	plete and	i that all	outlays and u	inlíquida	ated obligat	ions	
Typed or Printed Name and Title Mr. Alberto A Lamorena V Director								exter	ohone (i nsion) 1472-42		number and	
Signature of Author	ignature of Authorized Certifying Official								Report 1/2008	Submitted		:

DOJ Standard Form 269a (REV 2002)

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(Short Form)

(Follow instructions on the back)

1	gency and Organizational Eleme Report is Submitted	ent	Federal Grant or By Federal Agence	Other Identifying Numbe	MB Approval No.	Page of		
						11:	21-0264	1/1
1	partment of Justice		2006	6-GP-CX-0059		***************************************		
Office o	f Justice Programs		none s	Project Safe Neighborhood				pages
3. Recipient	Organization (Name and comple	ete addres	s, including ZIP cod	e)	8	<u>i</u>		
P.0	REAU OF STATISTICS AND PU . BOX 2950 GATNA, GUAM 96932	.ANS			QUARTE	RLY REPORT		
4. Employer	Identification Number 98-0017947	5. Recip	ient Account Number 5101H070920SE10	or Identifying Number 11	6. Final F	Report [X] NO	7. Basis []Cash [X]Accrual	
8. Funding/G	irant Period (See Instructions)	<u> </u>	·····	9. Period Covered b	v this Reno	rt		
	onth, Day, Year) 10/01/06	To: (Mo	onth, Day, Year) 09/30/09	From: (Month, Day 10/1/2007		To: (Month, D	ay, Year) 1/2007	
10. Transact	tions:	***********		ı		Avenue Avenue		
				Previously	1	This	Cumul	ative
a. Total o	outlavs		Reported]	eriod			
	-		0		158		158	
в. несірі	ent share of outlays		0		0		0	
c. Federa	al share of outlays			0		158		158
d. Total u	inliquidated obligations		······					
e. Recipie	ent share of unliquidated obligat	ions		-				68,643
f. Federa	al share of unliquidated obligation	ns						0
g. Total F	ederal share (Sum of lines c and f)		<u></u>					68,643
h, Total F	ederal funds authorized for this	fundina p	eriod	-				68,801
	gated balance of Federal funds			4				73,334
i. Unobliç		•	h minus line g)					4,533
11. Indirect Expense	}	(" in appro [] Prede	ppriate box) termined	[] Final		[X] Fixed		
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	
12. Remarks: legislation	Attach any explanations deem.	ed necess	ary or information re	equired by Federal spor	nsoring agei	ncy in compliand	ce with governing	
13. Certificati	on: I certify to the best of my unliquidated obligation					te and that all	outlays and	
ALB	nted Name and Title ERTO A. LAMORENA V, DIRE au of Statistics and Plans			Telephone		nber and extension) 71- 472 -4201		
Signature of Authorized Certifying Official					JAN	ort Submitted 2 4 2008		

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(Short Form)

Federal Agen Element to wi	ncy and Organi hich Report is	izational Submitted	2	2. Grant or Awar	d Number	Assigned by C)JP	ON No	∜B Appr ·	oval	Page	·	of
U.S Dept. of J		grams (OJP)		2006-D	J-BX-00	17		11	21-026	4	1		1
			1					Ex	oires: 01	/3/2006			pages
P.O. Box 298	au of Statistics		address	s, including ZIP co	ode)								
4. Vendor Numb	er 5	. Recipient inter	rnai code	or Identifying Nu	ımber (if a	ny)	6. Final Report			7. Basis		***********	
980017947	7	5101H060	920EI10	08				/es × 1	ło		Cash	x	Accrual
8. Funding/Grant							Covered by this						
From: (Month, 10/01/		10: (Day, Year) 30/2009		From:	(Month, Day, Yo		To:	(Month, Day			
	2003	<u> </u>	Von	30/2009			10/01/2007	T	<u> </u>	12/31/	2007	·	
10. Transactions:						Previous	I ly Reported	This	II Period		Cun	III nulativ	Đ
a. Total outlays	s						\$42,525.00		\$70	0,605.00		\$1	13,130.00
b. Recipient Sh	ecipient Share of outlays						\$0.00			\$0.00			\$0.00
c. Federal shar	ederal share of outlays						\$42,525.00		\$70	0,605.00	\$113,130.0		13,130.00
d. Total unliqui	dated obligation	ons						e i				\$4	63,328.00
e. Recipient sh	· · · · · · · · · · · · · · · · · · ·												\$0.00
f. Federal share	e of unliquidate	ed obligations								Ī	· · · · · · · · · · · · · · · · · · ·	\$4	63,328.00
g. Total Federa												\$5	76,458.00
h. Total Federa												\$7	30,000.00
i. Unobligated b												\$1	53,542.00
11. Indirect Expense	a. Type of F	Rate (place *x* ir	***	oriate box) sional	Pr	edeterminec	i F	inal	Trans	Fixed			
	b. Rate			c. Base			d. Total Amount			e. Feder	al Share		
		0.00%			\$0.00			\$0.00				\$0.00	
12. Remarks: atta	ach any explar	nations deemed	necessa	ry or information	required b	•		compliance	with gov	erning legisl	ation.		
						PROGRAM	INCOME:						
A. Block/Formula	passthrough	Ę	\$0.00			C. Forfeit	;	\$0.00	D. Othe			\$0.00	•
B. Federal Funds Subgranted \$0.00						E. Expende			F. Unex			\$0.00	
 Certification I certify to the best of my knowledge and belief that this report is are for the purposes set forth in the award documents. 						orrect and com	plete and that all	outlays and a	ınliquida	ited obligatio	ns		
Typed or Printed N	lame and Title	:							phone (/	Area code, n	umber and	í	
Mr. Alberto A Lamorena V Director						<u>.</u>) 472-42	01			
Signature of Autho	nature of Authorized Certifying Offigial								Report 0/2008	Submitted			
	<u> </u>	-/		- W									!

DOJ Standard Form 269a (REV 2002)

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(Short Form)

(Follow instructions on the back)

	gency and Organizational Eleme Report is Submitted	ent	Federal Grant or By Federal Agent	t or Other Identifying Number Assigned gency			OMB Approval Page No.		
						1121-	-0264	1/1	
1	partment of Justice		2006	5-DJ-BX-0017					
Office of	of Justice Programs			_				pages	
3 Recipiont	Organization (Name and comple	*** ~ dd**		Byrne Justice Assistance G	irant	<u> </u>			
o. riecipieiii	Organization (Name and comple	ste dudies	s, including Air cod	e)					
P.C	REAU OF STATISTICS AND PI D. BOX 2950 GATNA, GUAM 96932	ANS			QUARTER	RLY REPORT			
4	Interest to the second	T							
4. Employer	Identification Number 98-0017947	5. Hecip	ient Account Number 5101H060920Ei10	or Identifying Number 8	6. Final F	-	7. Basis []Cash [)	K] Accrual	
8. Funding/G	Grant Period (See Instructions)	d		9. Period Covered b	v this Repo	1	<u>L.,,,,</u>		
From: (M	onth, Day, Year) 10/01/05	To: (Mo	onth, Day, Year) 09/30/09	From: (Month, Day 10/01/2007		To: (Month, D	Day, Year) 31/07		
10. Transac	tions:			l		1	Ш		
				Previously Reported	E .	This 'erìod	Cumula	ative	
a. Total o				42,525		70,605		113,130	
b. necipi	ent share of outlays			0		0			
c. Federa	al share of outlays			42,525		70,605		113,130	
d. Totalı	ınliquidated obligations	···						, , , , , ,	
e. Recipi	ent share of unliquidated obligati	ons					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	463,328	
f. Federa	al share of unliquidated obligation	ns				7		0	
g. Total F	Federal share (Sum of lines c and f)			1				463,328	
h. Total F	ederal funds authorized for this	funding pe	eriod					576,458 730,000	
i. Unobli	gated balance of Federal funds	(Line	h minus line g)					153,542	
11. Indirect		(* <i>in appro</i> [] Predel	<i>priate box)</i> termined	[] Final		[X] Fixed			
Expense	b. Rate	c. Base							
	o. Hate	C. Dase		d. Total Amount		e. Federal Sha	ire		
12. Remarks: legislation	Attach any explanations deeme	ed necess	ary or information re	equired by Federal spor	nsoring agen	icy in compliand	e with governing		
13. Certificati	on: I certify to the best of my unliquidated obligation:	knowled are for t	ge and belief that t he purpose set for	his report is correct a th in the award docum	nd complet	e and that all o	utlays and		
Typed or Prin	nted Name and Title			P100-1000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	Tolonton	(Aran ar = - :			
ALB	ERTO A. LAMORENA V, DIREC	CTOR		Year Annual of the Control of the Co	relepriorie		mber and extension) 71- 472 -4201	A A Andrews	
Signature of	Authorized Certifying Official	7		Date Reno	rt Submitted				
g	()H			***************************************		N 2 4 20()8	PALAS.	
			-				_		



(Short Form)

Federal Agency and Organizational Cannot be a second or Award Number Assigned by OJP							3 Appro	val	Page	of
	ch Report is Submitted		/ Self-balling sets a service of the	2000 Brown 1	'va	No.	≁،طاب و	Pas	ı aye	Q1
U.S Dept. of	f Justice stice Programs(OJP)		2006-RT-BX-005	T-BX-0059 1121-0264 Expires: 01/3/2006						*
				Expires: 01/3/2006						pages
E.		te address,	, including ZIP code)							
4. Vendor Number	5. Recipient inte	ernal code	or Identifying Number (if any	ıy)	6. Final Report			7. Basis		
980017947	5101H060	07		Y	es x No			Cash X	Accrual	
8. Funding/Grant Pe From: (Month, D	Period (See Instructions)	"Atomthy ("	* · · · • • • in = in,	1	Covered by this		,			
From: (Month, D 10/01/20	- I	: (Month, D 09/3	Day, Year) 30/2009	From.	: (Month, Day, Ye 10/01/2007	ar)	To: (Month, Day	•	
1990-	205		10/2009	ļ	10/01/2007			12/31	/2007	
10. Transactions:		Previous	l sly Reported	II This P			ili Cumulativ	' e		
a. Total outlays					\$0.00			\$0.00		\$0.00
b. Recipient Shai	re of outlays				\$0.00			\$0.00	\$0.00	
c. Federal share	of outlays				\$0.00			\$0.00	\$0.00	
d. Total unliquida	ated obligations					·				\$0.00
e. Recipient shar	re of unliquidated obligation	าร				11 :				\$0.00
f. Federal share o	of unliquidated obligations								-	\$0.00
	share (Sum of Lines c and I									\$0.00
h. Total Federal f	funds authorized for this fur	nding perio	d				Si Na		\$	39,891.00
i. Unobligated ba	alance of Federal funds (Line	e h minus	Line g)						\$	39,891.00
11. Indirect Expense	a. Type of Rate (place "x"	' in appropp Provis		edetermined	d F	inal		Fixed		
	b. Rate		c. Base		d. Total Amount			e. Fede	deral Share	
	0.00%		\$0.00	<u>I</u> _		\$0.00			\$0.00	
12. Remarks: attac	:h any explanations deeme	d necessar	rry or information required by	y Federal spor	nsoring agency in	compliance w	ith gove	rning legis	lation.	
			1	PROGRAM	INCOME:					
la escara de la composición de la composición de la composición de la composición de la composición de la comp		_								
A. Block/Formula pa B. Federal Funds Si	•	\$0.00 \$0.00	ļ	C. Forfeit E. Expende			. Other		\$0.00 \$0.00	
13. Certification Lo		nd belief that this report is courted documents.								
	. The time benefit is .	It's server	a document.						·	
Typed or Printed Nar	me and Title						rea code, r	number and		
Mr. Alberto A L	Mr. Alberto A Lamorena V Director					extens (671) -	sion) 472-42() 1		
Signature of Authoriz	ized Centifying Official	2/				Date F 01/20/		Submitted		

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs. US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

Printed by GMS on 01/20/2008 10:43 PM

May 2005





(Short Form)

(Follow instructions on the back)

t .	gency and Organizational Eleme Report is Submitted	∍nt	Federal Grant or By Federal Agent	Other Identifying Number	er Assigned		OMB Approval	Page of
****	partment of Justice			-RT-BX-0059			1121-0264	1/1
Office o	of Justice Programs		****			Expire	es: 01/31/2006	pages
9 Posiniont	Organization (Name and comple	-	2006 9		····	<u> </u>	······································	
o. necipient	Organization (Name and compi	ste addres	is, including ZIP cod	le)				
P.O	REAU OF STATISTICS AND PI). BOX 2950 GATNA, GUAM 96932	_ANS			QUARTER	RLY REPORT		
4. Employer	Identification Number	5 Bocin	iant Account Number	or Identifying Number	6. Final R	lanark	T- 5-:	·····
	98-0017947	0. 11000	5101H060920SE10	, ,	[] YES	•	7. Basis [] Cash [)	(] Accrual
	Grant Period (See Instructions)			9. Period Covered to		1		
From: (M	rom: (Month, Day, Year) 10/01/05 To: (Month, Day, Year) 09/30/09			From: (Month, Da 10/01/07	y, Year)	To: (Month, D	9ay, Year) 31/07	
10. Transac	tions:	1		l l		ll II		
- T-4-1				Previously Reported	E .	This eriod	Cumula	ıtive
a. Total o				0		0		0
b. Recipi	ent share of outlays			0		0		0
c. Federa	al share of outlays			0		0		· · · · · · · · · · · · · · · · · · ·
d. Total u	ınliquidated obligations	-				<u> </u>		0
e. Recipi	ent share of unliquidated obligat	ons						<u> </u>
f. Federa	al share of unliquidated obligation	ns						0
g. Total F	ederal share (Sum of lines c and f)							0
h. Total F	ederal funds authorized for this	funding pe	eriod	.				0
i. Unoblic	gated balance of Federal funds	(Line	h minus line g)					39,891
			priate box)					39,891
11. Indirect		[]Predet	termined	[] Final		[X] Fixed		
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	
12. Remarks:	Attach any explanations deem	ed necess	ary or information re	equired by Federal spor	nsoring agen	cy in complian	ce with governing	
legislation							J	
3. Certificati	on: I certify to the best of my unliquidated obligations	knowled are for t	ge and belief that t he purpose set for	his report is correct a th in the award docun	ind complet nents.	e and that all	outlays and	With the case and
	nted Name and Title	·····		· II	Telephone	(Area code, nui	mber and extension)	
	ERTO A. LAMORENA V, DIRE au of Statistics and Plans			•		71- 472 -4201		
Signature of	Authorized Certifying Official		<u> </u>	·	Date Repo	rt Submitted		
	CATC		~	NA PARAMANANA A PARAMANANA PARAMANANANA PARAMANANA PARAMANANA PARAMANANA PARAMANANA PARAMANANA PARA		2 4 200	A	
						****	V	

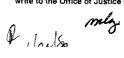


(Short Form)

					4			
Federal Agency and Element to which Re		Grant or Award Number A	Assigned by C)JP	OMB A No.	\pproval	Page	of
U.S Dept. of Jus Office of Justice	stice e Programs (OJP)	2005-RT-BX-005	54		1121-0		1	1 nages
	on (Name and complete add tatistics and Plans 50	fress, including ZIP code)			Ехриез	s: 01/3/2006		pages
4. Vendor Number	5. Recipient internal	code or Identifying Number (if an	ау)	6. Final Report		7. Basis	A .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
980017947	5101H050920	SE107			es X No		Cash x	Accrual
8. Funding/Grant Period From: (Month, Day, Y 10/01/2004		nth, Day, Year) 09/30/2008	E	d Covered by this F : (Month, Day, Yea 10/01/2007		To: (Month, Da 12/31	y, Year) I/2007	
10. Transactions:			Previous	I sly Reported	II This Per	riod	III Cumulativ	/e
a. Total outlays				\$734.00		\$264.00		\$998.00
b. Recipient Share of				\$0.00		\$0.00	\$0.00	
c. Federal share of ou	ıtlays			\$734.00 \$264.00			\$998.00	
d. Total unliquidated o		!						134,564.00
	unliquidated obligations							\$0.00
f. Federal share of unl	<u> </u>		<u></u>		:		\$1	134,564.00
	e (Sum of Lines c and f) s authorized for this funding		4					135,562.00
							\$1	35,913.00
	e of Federal funds (Line h m ype of Rate (place "x" in ap	· · · · · · · · · · · · · · · · ·				1		\$351.00
Expense C. 1)	[~~~~		edeterminec	d Fi	nal	Fixed	1	·
b. Ra	0.00%	c. Base \$0.00		d. Total Amount	\$0.00	e. Fede	eral Share \$0.00)
12. Remarks: attach any	y explanations deemed nec	cessary or information required by	y Federal spor	nsoring agency in	compliance with	governing legis	slation.	
			PROGRAM	INCOME:				
Block/Formula passthi Federal Funds Subgra	-		C. Forfeit E. Expende			Other Unexpended	\$0.00 \$0.00	
13. Certification I certify are for the	y to the best of my knowledg the purposes set forth in the	ge and belief that this report is co e award documents.	rrect and com	plete and that all o	outlays and unlic	quidated obligati	ions	
Typed or Printed Name as					Telepho extensio (671) 47	•	number and	***************************************
Signature of Authorized C	Conflitying Official				Date Re 01/20/20	port Submitted 008		

DOJ Standard Form 269a (REV 2002)

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(Short Form)

(Follow instructions on the back)

Federal Agency and Organizational Element to Which Report is Submitted			Other Identifying Numbe	r Assigned	OMB Approval Pag		
	l Dy	Federal Agend	1/1				
U.S. Department of Justice Office of Justice Programs	ĺ	2005-	RT-BX-0054			s: 01/31/2006	
Office of Justice Frograms		2005 F	RSAT	pages			
Recipient Organization (Name and complete	address, incl	uding ZIP code	е)				
BUREAU OF STATISTICS AND PLA P.O. BOX 2950 HAGATNA, GUAM 96932	NS			QUARTER	RLY REPORT		
Employer Identification Number 5	. Recipient Ad	count Number	or Identifying Number	6. Final F	lenort	7. Basis	
98-0017947		H050920SE10	· · · · · · · · · · · · · · · · · · ·			[]Cash [X]	Accrual
8. Funding/Grant Period (See Instructions)	- /12 1/ 0		9. Period Covered b				
From: (Month, Day, Year) 10/01/04	To: (Month, D 09/	ay, Year) 30/08	From: (Month, Day 10/1/2007	y, Year)	To: (Month, D 12/3	ay, Year) 1 1/07	
10. Transactions:			l		<u> </u>	111	
7-4-1-3-1			Previously Reported	1	This Period	Cumulati	ve
a. Total outlays			734		264		998
b. Recipient share of outlays			0		0		0
c. Federal share of outlays			734		264		998
d. Total unliquidated obligations							134,564
e. Recipient share of unliquidated obligation	ıs						0
f. Federal share of unliquidated obligations		· · · · · · · · · · · · · · · · · · ·					134,564
g. Total Federal share (Sum of lines c and f)	****						135,562
h. Total Federal funds authorized for this fur	nding period						135,913
i. Unobligated balance of Federal funds	(Line h minu	s line g)					······································
	n appropriate		[] Final		[X] Fixed		351
Expense	, , , , , , , , , , , , , , , , , , , ,		[] : intext		[A] FIXEG		
b. Rate	:. Base		d. Total Amount		e. Federal Sh	are	
12. Remarks: Attach any explanations deemed	necessary or	information re	l quired by Federal spor	nsoring ager	ncy in complian	ce with governing	
legislation.							
13. Certification: I certify to the best of my k	nowiedge an	d belief that t	his report is correct a	nd comple	le and that all	outlave and	
unliquidated obligations a	ire for the pu	rpose set for	th in the award docum	nents.	ie and trat an	Juliays allu	
Typed or Printed Name and Title	700	······································		Telephone	(Area code, nui	mber and extension)	
ALBERTO A. LAMORENA V, DIRECT Bureau of Statistics and Plans				1- 6	71- 472 -4201		
Signature of Authorized Certifying Official				Date Repo	rt Submitted		
CAJCI	_~		a proposition and a propositio	·	IAN 242	8008	ANAL Committee of Charles and



(Short Form)

							-				
	deral Agency and Organizational 2. Grant or Award I ement to which Report is Submitted 2005-DJ				Assigned by O	JP	OMB No.	Appro	val	Page	of
	of Justice ustice Programs (O	OJP)	2005-DJ-	-BX-007	71	1121-0264 ¹ Expires: 01/3/2006					1 pages
Ŷ	T		including ZIP code	:e)			■ Name report	₩ 3 . ₩ 1.	3/2000		Julia San
4. Vendor Number	r 5. Recipier	nt internal code	or Identifying Numi	nber (if ar	ìy)	6. Final Report			7. Basis		<u> </u>
980017947	5101	H050920El10	8			geled advisories	es X No	,	Section of the Sectio	Cash x	Accrual
_	s. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year)					Covered by this			······································		
·	onth, Day, Year) To: (Month, Day, Year) /01/2004 09/30/2008				From:	(Month, Day, Ye	ar)	To: (Month, Day	•	
10/01/2	.004	Varu	0/2006		10/01/2007 12/31/2					/2007	
10. Transactions:	I0. Transactions:					I ly Reported	II This P			III Cumulative	е
a. Total outlays	al outlays					\$425,663.00		\$67	,891.00	\$4'	93,554.00
b. Recipient Sha	. Recipient Share of outlays					\$0.00			\$0.00	\$0.00	
c. Federal share	of outlays					\$425,663.00		\$67	\$67,891.00 \$493,55		93,554.00
d. Total unliquid	ated obligations									\$6	92,222.00
e. Recipient sha	are of unliquidated oblig	jations				1					\$0.00
f. Federal share	of unliquidated obligati	ions							Ī	\$69	92,222.00
	share (Sum of Lines c							····		\$1,18	85,776.00
h. Total Federal	funds authorized for th	ils funding perio	đ					(<u> </u>		\$1,20	38,750.00
i. Unobligated ba	alance of Federal funds	s (Line h minus !	Line g)							\$5	52,974.00
11. Indirect Expense	a. Type of Rate (place	e "x" in appropp	riate box)					20000		·	
Expense		Provis	ional	Pro	edetermined	l Fi	nal	[Fixed		
	b. Rate		c. Base	** 07	4	d. Total Amount	-	_	e. Fede	ral Share	
1		.00%		\$0.00	<u> </u>		\$0.00		<u> </u>	\$0.00	
12. Remarks: attac	ich any explanations de	emed necessar	y or information re-	quired by	y Federal spor	soring agency in	compliance wi	th gove	eming legis	lation.	
					PROGRAM	INCOME:					
ه د د د د د د د د د د د د د د د د د د د	**************************************	** **		1			_				
Block/Formula p Federal Funds S	•	\$0.00 \$0.00		•	C. Forfeit E. Expender			Othe	r pended	\$0.00 \$0.00	
Certification I certify to the best of my knowledge and belief that this report is are for the purposes set forth in the award documents.											,
									***************************************	A	
Typed or Printed Na Mr. Alberto A I							extens			number and	
Signature of Authori	ized Certifying Official						Date F 01/20/	•	Submitted	W	

DOJ Standard Form 269a (REV 2002)

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(Short Form)

(Follow instructions on the back)

Federal Agency and Organizational Elen to Which Report is Submitted	nent	Federal Grant or By Federal Agen	Other Identifying Number	r Assigned	0	MB Approval	Page of
		by Federal Ager	cy		1 1121-	No. - 0264	1/1
U.S. Department of Justice		2005	5-DJ-BX-0071				
Office of Justice Programs		2005	Duran tration Analytican of	Nam 4	***************************************		pages
3. Recipient Organization (Name and comp	lete addres		Byrne Justice Assistance G le)	rant	<u> </u>		<u> </u>
BUREAU OF STATISTICS AND F P.O. BOX 2950 HAGATNA, GUAM 96932		·		QUARTE	RLY REPORT		
Employer Identification Number 98-0017947	i	ent Account Number 5101H050920EI10	r or Identifying Number 8	6. Final F	Report [X]NO	7. Basis []Cash [X] Accrual
8. Funding/Grant Period (See Instructions)			9. Period Covered b	y this Reno	rt		
From: (Month, Day, Year) 10/01/04	To: (Mo	nth, Day, Year) 09/30/08	From: (Month, Da 10/1/2007	y, Year)	To: (Month, D	ay, Year) 31/2007	
10. Transactions:			***		li .	III	
			Previously Reported	I .	This Period	Cumul	ative
a. Total outlays			425,663		67,891		493,554
b. Recipient share of outlays							······································
c. Federal share of outlays			425 662		0		0
d. Total unliquidated obligations			425,663		67,891		493,554
e. Recipient share of unliquidated obliga	itions		-				692,222
f. Federal share of unliquidated obligation	ons				an and an an an an an an an an an an an an an		0
g. Total Federal share (Sum of lines c and i	9						692,222
h. Total Federal funds authorized for this	s funding pe	riod	_				1,185,776
i. Unobligated balance of Federal funds	(Line i	h minus line g)					1,238,750
a. Type of Rate (Place ' 11. Indirect [] Provisional Expense	X" in approj	•	[] Final		[X] Fixed		52,974
b. Rate	c. Base		d. Total Amount		e. Federal Sha	are	
12. Remarks: Attach any explanations deen legislation.	l ned necessa	ary or information re	l equired by Federal spor	nsoring ager	ncy in compliand	e with governing	
							-
Certification: I certify to the best of multipuldated obligation	y knowledons are for the	ge and belief that the purpose set for	this report is correct a	ind comple	te and that all o	outlays and	
Typed or Printed Name and Title							
ALBERTO A. LAMORENA V, DIR Bureau of Statistics and Plans		l elephone		nber and extension) 71- 472 -4201			
Signature of Authorized Certifying Official				Date Repo	rt Submitted		
CUFCZ			- Andrews		AN 24 2	800	***************************************

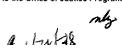


(Short Form)

1 Federal Agen	cy and Organizatio	mal	2. Grant or Awar	rd Number /	^ssinned by O	ıp qı		T	OMB Appro	west	Pane	of
Element to wh	nich Report is Subr	mitted	Zi Visurii ur i i i i i i i i i i i i i i i i	iti i summi.	133ignou o, c	IJ.		No.				
U.S Dept. o Office of Ju	of Justice ustice Program	ıs (OJP)	2004-0	GP-CX-070	01			1121-0264 1 Expires: 01/3/2006				
-	iu of Statistics and I Box 2950		ddress, including ZIP o	code)				•		-		
4. Vendor Numbe	ar 5. Re	cipient internal	code or Identifying Nu	umber (if an	ıy)	6. Fina	Report			7. Basis		
980017947	ξ	5101H050920)SE101				Y	es >	K No		Cash X	Accrual
8. Funding/Grant I From: (Month, 10/01/2			onth, Day, Year) 09/30/2008		9. Period Covered by this Report From: (Month, Day, Year) 10/01/2007 To: (Month, Day, Year) 12/31/20							
10. Transactions:	Transactions:					i ly Report	ted		II This Period		lil Cumulati	Ve
a. Total outlays	š					\$161,4	403.00		\$57	7,572.00	\$	218,975.00
b. Recipient Sh	are of outlays						\$0.00			\$0.00	\$0.00	
c. Federal shar	e of outlays					\$161,4	403.00		\$57	7,572.00	\$218,975.00	
d. Total unliquio	dated obligations										\$	135,014.00
	are of unliquidated											\$0.00
	e of unliquidated ot										\$	135,014.00
	al share (Sum of Lir al funds authorized		·									353,989.00
***************************************									\$	362,038.00		
Unobligated b Indirect	a. Type of Rate		~									\$8,049.00
Expense		,	Provisional	Pre	edeterminec	i	Fi	nal		Fixe	ď	
	b. Rate		c. Base		T		Amount		<u> </u>	T	leral Share	
		0.00%		\$0.00				\$0.00)		\$0.0	0
12. Remarks: atta	ach any explanatio	ns deemed ned	cessary or information	required by	y Federal spor			complia	nce with gov	erning legi	islation.	
					FROGRAM.	INCOME						
Block/Formula B. Federal Funds		\$0.0 \$0.0			C. Forfeit E. Expende	d		\$0.00 \$0.00	D. Othe F. Unex		\$0.0 \$0.0	
13. Certification 1	I certify to the best are for the purpose	of my knowled s set forth in th	dge and belief that this se award documents.	report is co	rrect and com	plete and	that all	outlays	and unliquida	nted obliga	tions	
Typed or Printed N		rector					 -		Telephone (a extension) (671) 472-42		, number and	
Signature of Autho	prized Certifying of	ficial 2							Date Report 01/20/2008		{	

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(Short Form)

(Follow instructions on the back)

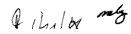
1	gency and Organizational Eler Report is Submitted	ment 2	. Federal Grant o By Federal Age	or Other Identifying Number	er Assigned		OMB Approval	Page of
	partment of Justice			04-GP-CX-0701		11	21-0264	1/1
	f Justice Programs		2004	4 Project Safe Neighborhood	ls			pages
3. Recipient	Organization (Name and comp	plete address,	including ZIP co	ode)				
P.O	REAU OF STATISTICS AND I . BOX 2950 GATNA, GUAM 96932	PLANS			QUARTE	RLY REPORT		
4. Employer	Identification Number 98-0017947	i	nt Account Numb	er or Identifying Number 101	6. Final F	Report	7. Basis	() Accrual
	rant Period (See Instructions) onth, Day, Year) 10/01/04	To: (Monti	n, Day, Year) 09/30/07	9. Period Covered to From: (Month, Da 10/1/2007		To: (Month, D	1 0ay, Year) 3 1/2007	
10. Transact				l Previously Reported	F	II This Period	III Cumula	ıtive
a. Total o	outlays			161,403		57,572		218,975
b. Recipie	ent share of outlays			0		0		0
c. Federa	l share of outlays			161,403		57,572		218,975
d. Total u	nliquidated obligations							
e. Recipie	ent share of unliquidated obliga	ations						135,014
f. Federa	l share of unliquidated obligati	tions						0
g. Total F	ederal share (Sum of lines c and	ħ						135,014
h. Total F	ederal funds authorized for thi	is funding perio	od					353,989
i. Unoblig	ated balance of Federal funds	S (Line fi n	ninus line g)	*******				362,038
1. Indirect	a. Type of Rate (Place	"X" in appropri		[] Final		[X] Fixed		8,049
Expense	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	
2. Remarks: legislation.	Attach any explanations deer	med necessary	y or information	required by Federal spor	nsoring ager	ncy in compliand	ce with governing	
3. Certification	on: I certify to the best of m unliquidated obligation	ny knowledge ons are for the	and belief that purpose set fo	t this report is correct a orth in the award docum	nd comple	te and that all	outlays and	
	ted Name and Title ERTO A. LAMORENA V, DIR	RECTOR			Telephone	(Area code, nui	mber and extension)	
Bure	au of Statistics and Plans					1-6	71- 472 -4201	
Signature of A	Authorized Certifying Official	7				rt Submitted		
	CATC		7		****	JAN 24	2008	
1/2/08	ha I						rm 269A (REV 4-88)	
ŀ	My				•	rescribed by OM	B Circulars A-102 and A-	110

(Short Form)

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	and Organizational Ch Report is Submitted	2	. Grant or Awar	No.						Page	of
U.S Dept. of Office of Jus	Justice stice Programs (OJF	~	2004-[DB-BX-00	54		112	1-026	4	1	1
			***				Expi	pages			
		ete address,	, including ZIP o	ode)							
4. Vendor Number	5. Recipient in	nternal code	or Identifying Nu	umber (if ar	ny)	6. Final Report			7. Basis		••••••••••••••••••••••••••••••••••••••
980017947	5101H0	140920EI10	18			et et et en en en en en en en en en en en en en	es × N	9		Cash x	Accrual
8. Funding/Grant Pe From: (Month, Da	eriod (See Instructions)	o: (Month, D	North			Covered by this	•				
10/01/20			Jay, Year) 30/2008		From: (Month, Day, Year) To: (Month, Day, Year) 10/01/2007 12/31/2007					•	
10. Transactions:					Previous	I ly Reported	This F	l Períod		lii Cumulat	ive
a. Total outlays				\$1,217,834.00 \$38,161.00					1,161.00	\$1	,255,995.00
b. Recipient Share		MIROS MINISTER MANAGEMENT AND ADMINISTRATION OF THE PARTY				\$0.00			\$0.00	\$0.00	
c. Federal share o	*				\$1,217,834.00 \$38,161.			1,161.00	0 \$1,255,995.00		
d. Total unliquidat	w									\$	144,339.00
	e of unliquidated obligation	· · · · · · · · · · · · · · · · · · ·									\$0.00
	of unliquidated obligations				<u> </u>					\$	144,339.00
	share (Sum of Lines c and unds authorized for this fu		-4		<u> </u>			······································			400,334.00
	lance of Federal funds (Li									\$1,	404,775.00
	a. Type of Rate (place "x				<u> </u>		-				\$4,441.00
Expense	·	Provis	•	Pr	edetermined	ı Fi	inal	["""	Fixed		
b	b. Rate		c. Base			d. Total Amount		Ļ	e. Feder	al Share	
	0.009			\$0.00			\$0.00			\$0.0	10
12. Remarks: attach	h any explanations deem	ed necessar	y or information	required by	y Federal spor	nsoring agency in	compliance w	ith gov	erning legisk	ation.	
					PROGRAM	INCOME:					
A. Block/Formula pas	•	\$0.00			C. Forfeit	3	\$0.00 D	. Othe	r	\$0.4	กด
B. Federal Funds Su	ibgranted	\$0.00			E. Expended				pended	\$0.0	
13. Certification I ce are	ertify to the best of my kn for the purposes set forth	lowledge and h in the awar	d belief that this rd documents.	report is co	rrect and com	plete and that all	outlays and ur	nliquida	ted obligatio	ns	
Typed or Printed Nam	ne and Title						Telep	hone (/	Area code, n	umber and	MANAGEM AND THE COLUMN AND THE
Mr. Alberto A La	Mr. Alberto A Lamorena V Director						exten				
Signature of Authorize	ed Cortifying)Official		7				Date I 01/20/		Submitted		

DOJ Standard Form 269a (REV 2002)

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(Short Form)

(Follow instructions on the back)

Federal Agency and Organizational Elem to Which Report is Submitted			Other Identifying Number	r Assigned		MB Approval	Page of
to Which response Submitted	"	y Federal Ageni	су		1121	No. -0264	1/1
U.S. Department of Justice		2004	I-DB-BX-0054				
Office of Justice Programs		2004 F	Byrne Formula Grant				pages
3. Recipient Organization (Name and compl	ete address, inc				<u> </u>		
BUREAU OF STATISTICS AND P P.O. BOX 2950 HAGATNA, GUAM 96932	LANS			QUARTER	RLY REPORT		
Employer Identification Number 98-0017947	1	ccount Number	or Identifying Number B	6. Final F		7. Basis [] Cash [X] Accrual
Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/03	To: (Month, I	Day, Year) / 30/07	9. Period Covered b From: (Month, Da 10/01/2007		To: (Month, D	ay, Year) 1/2007	
10. Transactions:			l Previously Reported		II This 'eriod	iil Cumulat	ive
a. Total outlays			1,217,833		38,162		1,255,995
b. Recipient share of outlays			0		0		0
c. Federal share of outlays			1,217,833	1	38,162		1,255,995
d. Total unliquidated obligations							144,339
e. Recipient share of unliquidated obliga-	tions						144,559
f. Federal share of unliquidated obligation	ns		•				144,339
g. Total Federal share (Sum of lines c and f)							1,400,334
h. Total Federal funds authorized for this	funding period		•				1,404,775
i. Unobligated balance of Federal funds	(Line h min	us line g)					
a. Type of Rate (Place ") 11. Indirect [] Provisional	K" in appropriate [] Predetermin	·	[] Final	ininininininininininininininininininin	[X] Fixed	***************************************	4,441
b. Rate	c. Base		d. Total Amount		e. Federal Sha	are	
12. Remarks: Attach any explanations deem legislation.	I ed necessary о	r information re	L equired by Federal spor	nsoring ager	cy in compliand	ce with governing	
13. Certification: I certify to the best of my unliquidated obligation	knowledge ar s are for the pu	nd belief that t irpose set for	his report is correct a th in the award docun	ind complet nents.	e and that all o	outlays and	
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRE Bureau of Statistics and Plans			Telephone		mber and extension) 71- 472 -4201		
Signature of Authorized Certifying Official				•	rt Submitted AN 24 20	108	

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